

Work Order ID 92006

92006

Page 1

October-19-12 1:18:27 PM

Item ID: 647.1712

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 19/10/2012 Start Qty: 2.00

2

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-10-19

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
647.1700	N/C								
110		0.00							
110									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg								
	Dwg Rev: <u>N/C</u>								
	Prog Rev: <u>N/C</u>								
7075 . 050	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00							
Quality Control									

Ⓢ

B/L-10-22

Ⓢ

B/L-10-22

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 92006

92006

Page 2

October-19-12 1:18:27 PM

Item ID: 647.1712

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Item Name: Gusset

Stop *NS2*

Start Date: 19/10/2012 Start Qty: 2.00

2

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

130 QC8- Inspect parts - second check

0.00 Smp

130

QC

Memo

0.00 12.10.22

Quality Control

140 Form as per dwg

0.00

140

Brake NC

Memo

0.00

Brake NC

150 QC5- Inspect part completeness to step on W/O

0.00

150

QC

Memo

0.00 Smp

Quality Control

12.10.23

151

Outsource for Anodize as per dwg
Issue #107 210.18293 C/L 12/10/13

152

Packaging Receive and check for damage

153

QC 5 DAS 16 12/10/13

(14)

12/10/13 (4)

NCR: ☒ Yes ☐ No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: AK Date: 12/11/24QA Closed: AK Date: 1/1

Work Order: <u>97006</u>				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
Part No. <u>30647-0712</u>				Rework <input type="checkbox"/>		Skid-tube <input type="checkbox"/>		Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>		Engineering <input type="checkbox"/>		
NCR No. <u>12-70100</u>				Scrap <input checked="" type="checkbox"/>		Machining <input type="checkbox"/>		Small Fab <input checked="" type="checkbox"/>		Prod. Eng. Coord. <input type="checkbox"/>		Quality <input type="checkbox"/>		
				Use-as-is <input type="checkbox"/>		Thermoforming <input type="checkbox"/>		Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>		Other <input type="checkbox"/>		
				Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>		Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector					
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup	<u>12/10/23</u>	<u>130</u>	<u>1</u>	<u>piece was out of tolerance</u>	<u>AK</u>	<u>Scrap & destroy</u>	<u>SA</u>	<u>SMB</u>	<u>5</u>					
Other				<u>Try out</u>	<u>12/11/24</u>	<u>no replace</u>	<u>12/10/23</u>	<u>12/10/23</u>	<u>12/11/20</u>					
Process				<u>& first time made the part</u>										
Supplier				<u>QNC</u>										
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear			General											
<input type="checkbox"/>	Bending		<input type="checkbox"/>	Bend		<input type="checkbox"/>	Grain		<input type="checkbox"/>	Ovalized		<input type="checkbox"/>	Pressure/Forced	
<input type="checkbox"/>	Centre Not Concentric to O/S		<input type="checkbox"/>	BOM/Route		<input type="checkbox"/>	Hardware		<input type="checkbox"/>	Over/Under tolerance		<input type="checkbox"/>	Temperature/Cure	
<input type="checkbox"/>	Cracks		<input type="checkbox"/>	Broken/Damaged		<input type="checkbox"/>	Inspection Incomplete		<input type="checkbox"/>	Part Incorrect		<input type="checkbox"/>	Weld	
<input type="checkbox"/>	Crushed/Crimped		<input type="checkbox"/>	Burrs		<input type="checkbox"/>	Instructions Incomplete/Unclear		<input type="checkbox"/>	Part Lost/Missing		<input type="checkbox"/>	Wrong Stock Pulled	
<input type="checkbox"/>	Cuffs		<input type="checkbox"/>	Contamination		<input type="checkbox"/>	Maintenance		<input type="checkbox"/>	Part Moved		<input type="checkbox"/>		
<input type="checkbox"/>	Heat Treat		<input type="checkbox"/>	Countersink		<input type="checkbox"/>	Mislabeled		<input type="checkbox"/>	Positioned Wrong		<input type="checkbox"/>		
<input type="checkbox"/>	Inspection Strip in Tube		<input type="checkbox"/>	Cut Too Short		<input type="checkbox"/>	Misread		<input type="checkbox"/>	Power Loss/Surge		<input checked="" type="checkbox"/>	Other	
<input type="checkbox"/>	Ripples in Bend		<input type="checkbox"/>	Drill Holes		<input type="checkbox"/>	Offset		<input type="checkbox"/>			<u>1st time stamp Bending</u>		
<input type="checkbox"/>	Torque Waves in Extrusion		<input type="checkbox"/>	Drawing		<input type="checkbox"/>	Out of Calibration		<input type="checkbox"/>			<u>Part</u>		
<input type="checkbox"/>	Turning Sequence		<input type="checkbox"/>	Finish		<input type="checkbox"/>	Out of Sequence		<input type="checkbox"/>					
<input type="checkbox"/>	Wave/Twist in Tube		<input type="checkbox"/>	Folio		<input type="checkbox"/>	Outside Dimensions		<input type="checkbox"/>					

Work Order ID 92006***92006***

Page 3

October-19-12 1:18:27 PM

Item ID: 647.1712

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: Gusset

Stop ***NS2***

Start Date: 19/10/2012 Start Qty: 2.00

2

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

160 Identify as per dwg & Stock Location: **ST438** 0.00***160***

Packaging

Memo

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

4X _____ **EP**
12-11-14

170 QC21- Final Inspection - Work Order Release 0.00

170

QC

Memo

0.00

Quality Control

12/11/15 **MF**
12-11-14

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

October-19-12 1:18:31 PM

Page 1

Work Order ID: 92006

92006

Parent Item: 647.1712

647 1712

Parent Item Name: Gusset

Start Date: 19/10/2012

Required Date: 02/11/2012

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6S.050		Purchased	No			110	sf	33.4000	0.4123	0.868	2.		

M7075T6S 050

7075-T6 SHEET .050

**

B210-82

Location

Loc Qty

Loc Code

MAT022

33.4

118654

33.4

118654

5

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO.		02937		SHEET 1 OF 1	
DWG NO. 647.1700	REV: NC	PREPARED BY J. JACKSON	DATE: 07/14/10	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: SKID DEFLECTOR ASSY					
APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: CURRENT ORDER		
REASON: REVISED F/N 8 AND NOTE 3. ADDED INSPECTION DIMENSIONS TO DRAWING VIEWS.					

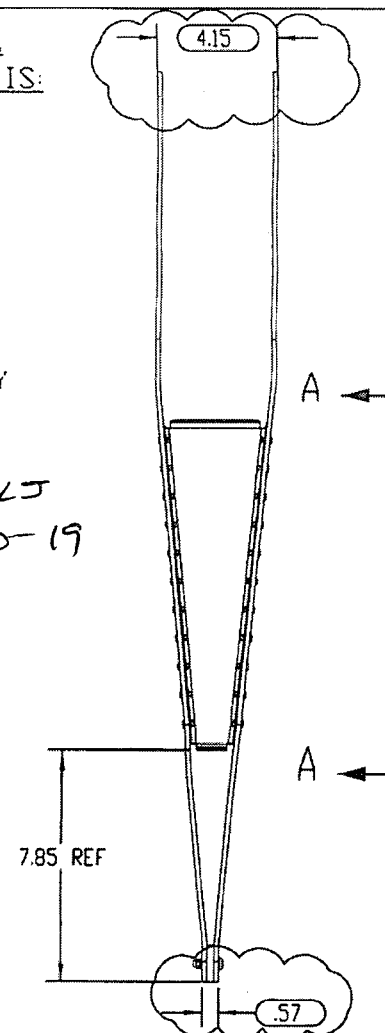
TRANSACTION CODES (TC):
A-ADD C-CREATE
R-REVISE D-DELETE

SHEET 1, ZONE A1 IS:

3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER, COLOR BLUE;
PRIME IAW MIL-P-23377J TYPE I CLASS N

SHEET 2,
ZONE A1 IS:

ST. 100.0
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 92006 MJS
12-10-19



8	R	601.1622	1	SCREW	MS27039-1-14 /
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:					DER REVIEW REQUIRED
<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> FMS <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

THE INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-19-2010 BY 60322 UCBAW/SJS/KSP

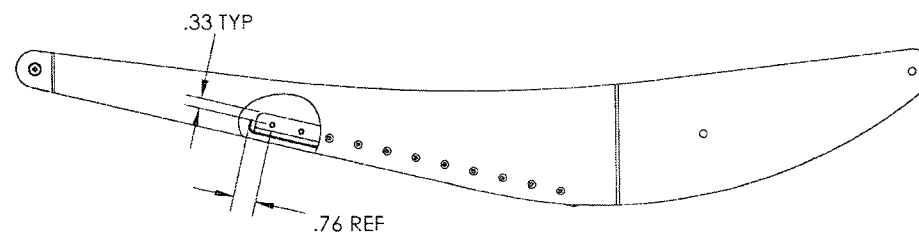
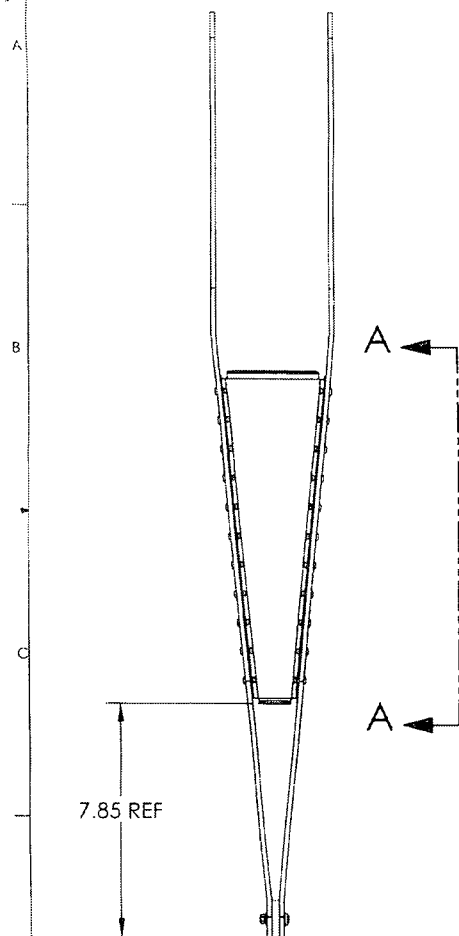
THIS DOCUMENT IS THE PROPERTY OF
GENERAL INVESTIGATIVE AND RESEARCH DIVISION
OF THE FBI DEPARTMENT OF JUSTICE
IT IS TO BE KEPT IN THE FBI FILES
AND NOT RETURNED TO THE ORIGINATOR

	1	B	601.2637	SCREW	MSS2079-11-13		
	1	7	601.2943	LOCKNUT	MSS21423-3		
		6	601.1607	WASHER	NASH149P0332P		
	22	5	601.1915	RIVET	CR3213-4-4		
	1	4	647.1713	SPACER		△	△
	1	3	647.1712	GUSSET		△	△
	1	2	647.1711	PLATE		△	△
	1	1	647.1710	PLATE		△	△
			647.1701	SKID DEFLECTOR ASSY			
	1701	FIND #	PART #	DESCRIPTION	MAT'L	SPEC.	
QTY				PARTS LIST			
NEXT ASSY (S)				APICAL INDUSTRIES			
647.1300				2908 TEMPLE HEIGHTS DR OCEANSIDE, CA. 92056-3512 (760) 724-5300			
CHINA/IN DATE 12/04/07-757 CHINA/IN 12/04/07-757 CHINA/IN APPROVAL P. 04/07 CHINA/IN CO-REACTING				SKID DEFLECTOR ASSY 12/04/07-757 CHINA/IN APPROVAL P. 04/07 CHINA/IN CO-REACTING			
OTHERS OTHERS ARE SPECIFIED 12/04/07-757 CHINA/IN APPROVAL P. 04/07 CHINA/IN CO-REACTING				SKID DEFLECTOR ASSY 12/04/07-757 CHINA/IN APPROVAL P. 04/07 CHINA/IN CO-REACTING			
SCALE: NONE 1 SHEET OF 1				SCALE: NONE 1 SHEET OF 1			

92006

ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED
 ALL DIMENSIONS ARE REPRODUCED AS PART OF WHOLE WITHOUT
 THE NEED FOR PARTIALS OF APICAL INDUSTRIES

REV	DESCRIPTION	DATE	SIGNATURE

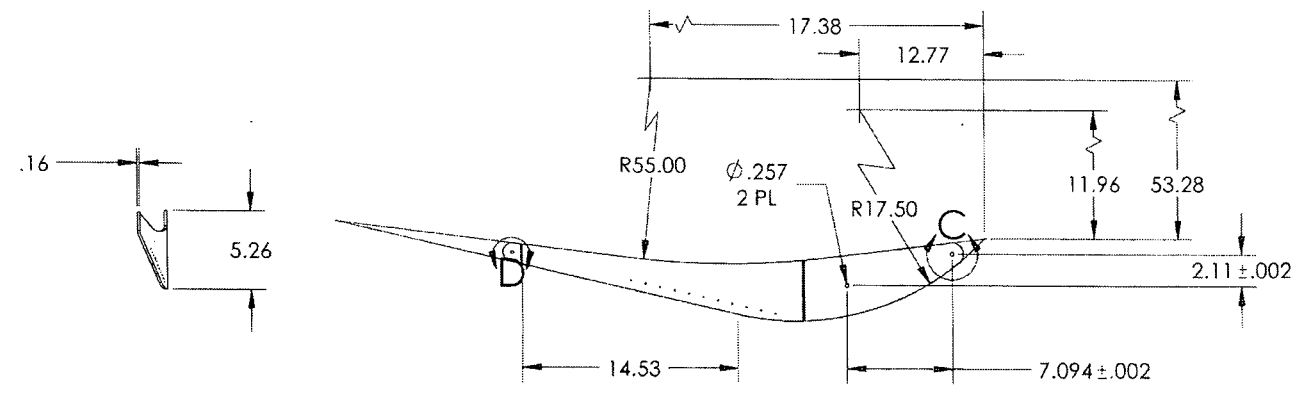
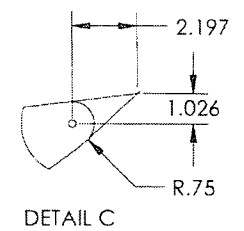
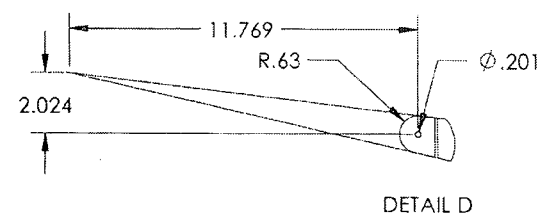
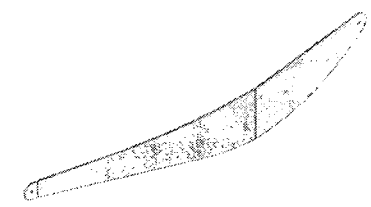
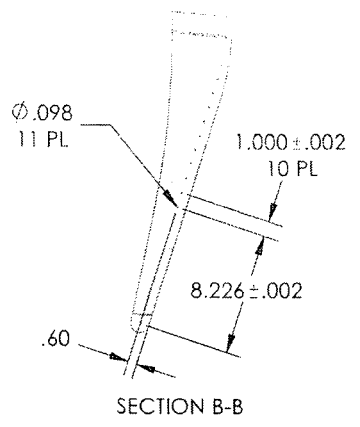
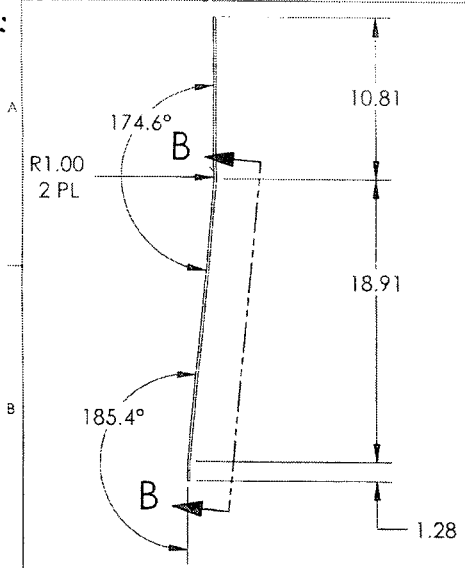


SECTION A-A

ORIGINAL DATE: 04-03-09		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWN BY: CHECKED			
DESIGNED BY: P. BRAVO		SKID DEFLECTOR ASSY	
DESIGNED APPROVAL: P. BRAVO			
OTHER PAGE:			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ± .01 3 PLACE DECIMALS ± .001 ANGLES ± .5°		REV: 07/2016	DWG. NO: 647.1700
		SCALE: NONE	SHEET 2 OF 5

92006

ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED
 DIMENSIONS IN PARENTHESES ARE FOR INFORMATION ONLY
 DIMENSIONS IN SQUARE BRACKETS ARE FOR INFORMATION ONLY

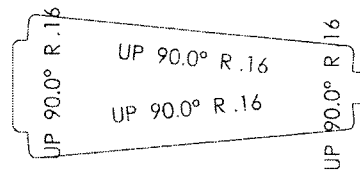
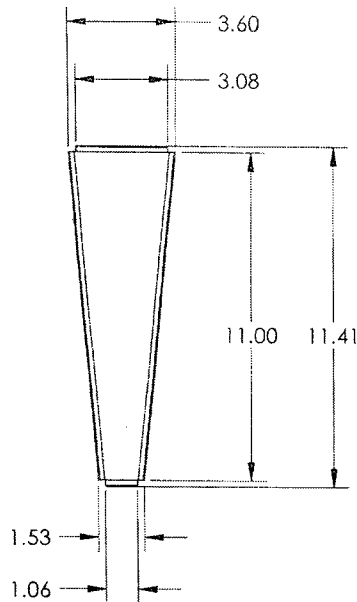


ORIGINAL DATE		APICAL INDUSTRIES	
DRAWN BY		2608 TEMPLE HEIGHTS DR.	
CHECKED BY		OCEANSIDE, CA. 92056-3512 (760)724-5300	
DESIGNED BY		SKID DEFLECTOR ASSY	
CONTRACT NO.		647.1700	
UNLESS OTHERWISE SPECIFIED		SCALE: NONE	SHEET 3 OF 3
DIMENSIONS ARE IN INCHES			
TOLERANCES ARE AS FOLLOWS:			
FRACTIONS DECIMALS ±			
3 PLACES DECIMAL ±			
HIGHER ±			

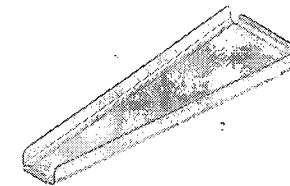
92006

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
EXCEPT WHERE SHOWN OTHERWISE
DATE 07-11-00 BY 60322

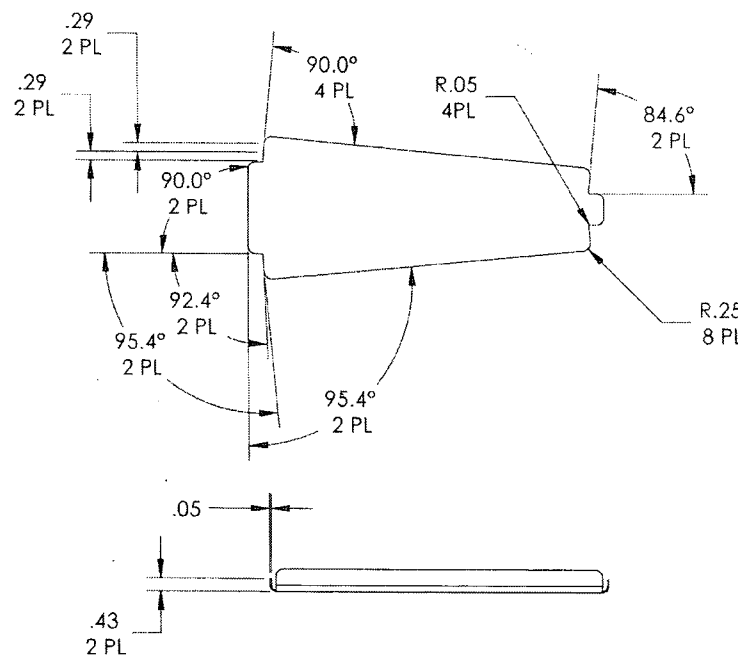
REV	DESCRIPTION	DATE	APPROVED



FLAT PATTERN



647.1712

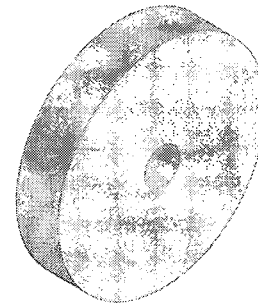
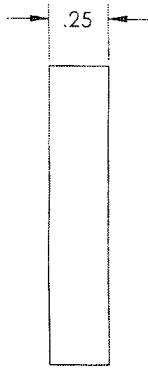


ORIGINAL DATE 06-01-00 DESIGNED BY 06-01-00 DRAWN BY 06-01-00 CHECKED BY 06-01-00 DRAWING APPROVAL 06-01-00 CONTRACT NO.		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE FRACTIONS DECIMALS ANGLES		SIZE B	647.1700
SCALE NONE		SHEET 4 OF 5	REV N/C

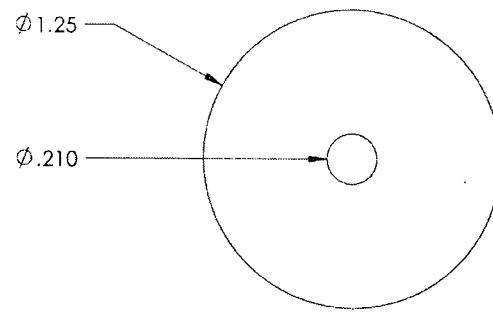
92006

THE INFORMATION CONTAINED IN THIS DOCUMENT IS THE SOLE PROPERTY OF
APICAL INDUSTRIES, INC. REPRODUCTION OF THIS DOCUMENT WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES, INC. IS PROHIBITED.

REVISIONS		DATE	BY
1	DESIGN		
2			
3			
4			



647.1713



APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA 92056-3512 (760)724-5300	
SKID DEFLECTOR ASSY	
DATE	REV
07/02/06	N/C
SCALE	SHEET
NONE	5 OF 5

Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577

OUTSTANDING PO REPRINT

Purchase Order ID PO18295

Purchase Order Date 10/31/12

PO Print Date 11/05/12

Page Number 1 of 2

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	613-446-4544	Requisition Nbr	
Vendor Fax	613-446-4556	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	CAD
		FOB	Destination-Collect

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty	Unit Price	Extended Price
----------	------------------------------------------------	------------------------	----------------------	---------	------------	----------------

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED \$

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
2	92006	647.1712 GUSSET	11/09/12 Yes	4.00	Dart Truck	\$5.9490	\$23.80

Special Inst: FINISH: HARD BLACK ANODIZE AS PER
IAW MIL-A-8625, TYPE III, CLASS 2 Line Total: \$23.80

3	90584	647.4713 BRACKET	11/09/12 Yes	50.00	Dart Truck	\$5.9490	\$297.45
---	-------	------------------	-----------------	-------	------------	----------	----------

Special Inst: FINISH: HARD BLACK ANODIZE AS PER
IAW MIL-A-8625, TYPE III, CLASS 2 Line Total: \$297.45

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

11/05/12



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62036

Date: 09-Nov-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

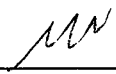
DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST Rev: <u>4 PCS 647.1712</u> 8/7/12 50 PCS 647.4713 59 PCS 647.2010 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120687 PO: PO18295 Line:		
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>9/11/12</u></p> <p>CERTIFIED SIGNATURE: <u></u></p> <p>RECEIVER SIGNATURE: _____</p>			